State of Connecticut

GENERAL ASSEMBLY



Medical Assistance Program Oversight Council

Legislative Office Building, Room 3000, Hartford, CT 06106 * (860) 240-0321 * Info Line (860) 240-8329 * FAX (860) 240-5306 *

www.cga.ct.gov/med/

Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

MEETING MINUTES

Friday, September 9, 2016

9:30 AM in Room 1E of the LOB

Attendance is on Record with the Council.

<u>I.</u> The meeting was called to order at by the chair, Rep. Abercrombie at 9:38AM.

Introductions were made by those in attendance.

<u>II.</u> Marc Shok began with Robert Blundo (See attachment). <u>https://www.cga.ct.gov/med/council/2016/0909/20160909ATTACH_HUSKY%20A%20Transitions%20Presentation.pdf</u>

Deb Poerio asked about the current outreach being done. Emanuela Cebert of AHCT explained the ongoing outreach and a postcard that was sent out on August 19th.

Katherine Yacavone talked about the side effects and issues with people not getting health services as a result of boundaries created. Dr. Geertsma stated that another issue is people being embarrassed that they don't have coverage and can't afford to pay for services. He asked if there was a way to compare the diagnosis of these people and if there is a way to see if this would result in higher outcomes down the road. Marc Shok said they would have to look into that.

Rev. Grubbs expressed her concern about how this would affect providers and people seeking care. Rep. Abercrombie said that is data that we can request. Ellen talked about the impact study that was done on families the last time there was a cut in services. She suggested using surverys and needing to look at if we are actually saving money or if this cut is actually costing the state more. Ellen thanked AHCT for linking the legal aid tip sheet.

Deb feels that most of the organizations are researching the impact to see the numbers, expectations and needs. She feels that the group needs to look at some of the other systems that need to be evaluated to see how far out this is effecting.

Sheila discussed the economic vitality of the state being impacted by many factors

Katherine Wisigio-Wickline expressed that OT services of kids were getting denied by new plans. Dr. Zavoski stated that no children should have lost coverage. Laura Morris stated that it seemed like more of a denial based on medical necessity and they should talk after the meeting. She also discussed a working that meets to talk about how to reach this population.

Katherine thanked and the outreach campaign of AHCT for their work. Emanuela thanked the health centers for the partnership. Stephen Frayne added that it was a tremendous job of getting 50 percent though we still want more people covered. He questioned how the state would make up for the individuals that went to another HUSKY plan. Stephen added that Hospitals have programs to help people with financial assistance and people should not get in a apposition where they think they cannot receive care.

<u>III.</u> Dr. Zavoski gave overview and provide context for the Medicaid Draft Access Monitoring Review Plan (AMRP). Joel Norwood went through the first part of the presentation. (See attachment).

https://www.cga.ct.gov/med/council/2016/0909/20160909ATTACH_AMRP%20Presentation.pdf

Nina Holmes went through the rest of the presentation and figures.

Rep. Johnson asked about Tolland County and Windham County based on their per capita basis. Nina stated that looking at the population is listed in the draft plan. Rep. Johnson discussed that it will be important for looking at access to care because there isn't the same access for Tolland to Hartford as Windham to Hartford.

Matt Barret questioned the social requirement which appeared to be enrolled providers vs. enrolled members and then mystery shopper. Joel discussed the rule which requires DSS to look at a variety of factors. Some can be analyzed through utilization and some through enrollment. Dr. Zavoski expressed that DSS was trying to present what's actually happening and also what a worst case scenario would look like.

Sheila stated the issue of an aging and shrinking provider pool. Stephen Frayne added that access needs to be improved and questioned the expectations of people versus the ability of organizations to support them.

Tracy talked about the rate cut to the medication administration rate. Rep. Abercrombie added that there would be an upcoming forum.

Ellen asked if surveys and questions are included in the access plan. Nina believes that they already done, as providers are always welcome to comment.

Beth Cheney commented on the difficulty of clients loosing services. Rep. Johnson added federal reimbursement rates are also reduced and lower in the region, which affects people going into nursing facilities because they don't have access to home health services.

Dr. Geertsma commented that a good amount of the issue has to do with the amount of paperwork and the electronic medical system does not improve time efficiency. He added that this is very true for the Medicaid population.

Katherine Yacavone asked for clarification on the timeline and the process for the state plan amendment. Joel Norwood discussed the several different procedures that are required in the rule that are connected but have different timelines. A rate reduction almost always requires a state plan amendment. A few months ago there were a few reductions that were required under budget reductions that were meant to be broad. Dr. Zavoski added that he believes CMS is looking to get an idea of what happening in the state. DSS has to figure out how to best display this to CMS and is looking for comments on everything. Rep. Johnson shared her appreciation.

Tracy asked if they could give an update on the state plan amendment on the admin rate cut. Joel stated that it is annually given after implementation.

Laura asked if this had been considered being presented to the BHPOC. Dr. Zavoski said they would be more than willing to present.

Stephen stated it was a terrific start and commented on the amount of variability by county. He added it might be useful to make comparisons to the Medicare network or other networks. Dr. Zavoski stated they continually measure access through the ASO's. Nina further explained the measurements. Stephen asked if there have been any conclusions made. Nina responded that the first year is almost a baseline so they don't see anything that currently sticks out as a serious issue though they could exist.

Dr. Zavoski stated DSS could look into homeless shelters in response to Deb's comments. Tracy added that Dr. Geertsma reinforced Debbie's point about supporting services through early intervention for young children. The study he has been working on, dealing with childhood obesity suggests there is a co-occurrence with behavior in families. Katherine thanked Dr. Geertsma and talked about parents not being able to afford healthier foods for their children. Rep. Abercrombie added that this is a huge issue in public schools. Jesse stated that she would be submitting comments and she was concerned about only seeing school based health centers mentioned once while reading through the plan.

Dr. Zavoski talked about the effort and acknowledged the efforts of everyone from DSS.

Amy asked who was included for Women. Dr. Zavoski stated that all Women in Medicaid are included because it is still a struggle to figure out who is pregnant or not based on the data provided.

IV. Rep. Abercrombie asked to briefly talk about the webinar. Ellen Andrews provided some background and talked about the implications of the webinar. One of the recommendations is to merge about a dozen state agencies to align health planning in the State. There is also discussion on a merger of Medicaid with state employee health plans, putting people in downside risk, capping health care costs and an 11-15 waiver.

Rep. Abercrombie thanked Ellen for bringing it to the attention of the Council. Dr. Zavoski stated the ramifications could be significant. Rev. Grubbs added some comments on the potential impact. Rep. Abercrombie discussed the need to make sure legislators are aware of this because it will eventually be making its way to the Legislature as recommendations. It was requested that the webinar be recorded.

Matthew Robertson began the ImpaCT presentation.

 $\frac{https://www.cga.ct.gov/med/council/2016/0909/20160909ATTACH_ImpaCT\%20Presentation\%}{20.pdf}$

Rep. Abercrombie stated that it would be important to have an update in November and shared that there are a lot of providers around the table who could talk about any issues that may be happening. Deb Polun asked for clarification on who will be able to use the system. Sharon Farge stated that the ConneCT Portal will remain in place. The new system would improve operations by having prefilled redetermination forms with barcodes for the system to process and stop notifications from going out. The benefits will be to providers and consumers. Deb asked for clarification on what the process will be starting in the Middletown pilot. Katherine asked when people would be trained. DSS allows any partner to have access to its system when security measures are met. Providers currently have the same access and will receive training. If FQHCs have eligibility workers they will receive training.

Laura asked about the MOU's and if while the integration is happening there is access to EMS. EMS will be live throughout the waves and live until everyone is in ImpaCT. Once everything is converted the cases will no longer be accessed in EMS. Laura shared her concern about helping people throughout the state and the importance for OHA to have access to the system.

Matthew Barrett added comments on the difficulties in the transition. Rev. Grubbs stated she is happy that the process is coming but knows that there will be problems in the complicated process. She asked how DSS will communicate there are glitches. DSS talked about the outreach. Matthew added that there is a well-defined path. He thanked her for her description of the new platform.

Rep. Abercrombie stated that this is very exciting and we have been waiting a long time.

There was discussion on the status of the two outstanding SPA's. Dr. Zavoski stated he would go back to DSS and update the Council in the future.

<u>V.</u> Rep. Abercrombie thanked everyone for their attendance.

The meeting was adjourned at 12:01PM.

The next meeting will be held on Friday, October 14, 2016 at 9:30 AM

Richard Eighme
Administrative Assistant